

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <i>08/0-2368</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
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7		/					57						
8		/					58						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
ITAL D.	<i>2</i>	↓		↓		↓	TOTAL IND.	↓		↓		↓	
ITAL P.	<i>24</i>	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
ITAL AIMS	<i>16</i>						TOTAL CLAIMS						